Case Number:	CM13-0001777		
Date Assigned:	07/19/2013	**Date of Injury:**	04/10/2006
Decision Date:	01/02/2014	**UR Denial Date:**	07/11/2013
Priority:	Standard	**Application Received:**	07/17/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 04/10/2006. The patient is a 46-year-old man with diagnoses including right anterior ankle impingement, right ankle synovitis, right ankle instability, and a hypertrophic scar/keloid of the right ankle. As of 06/27/2013, the treating provider noted that the patient had pain at 6-8/10 in the ankle and foot with tingling in the foot, a normal gait, slightly diminished right foot and ankle range of motion, slightly diminished right heel sensation, and right heel palpatory pain and a positive Tinel's along the right heel. The patient was noted to have the diagnosis of an entrapment neuropathy of the medial plantar nerve of the right foot and entrapment of the lateral plantar nerve of the right foot as well as plantar fasciitis and neuritis. The patient had a history of a right tarsal tunnel release, right plantar fasciotomy surgery, acupuncture, and treatment with medications and orthotics. An initial physician reviewer indicated that Lyrica should be noncertified pending further information regarding the degree of improvement from Lyrica. This injury was recommended for non-certification pending information regarding whether the patient had failed a trial of first-line opioids. Topical lidocaine was noncertified with the recommendation that further research is needed to recommend this for chronic neuropathic pain disorders other postherpetic neuralgia. Multiple treating physician notes report the patient had visual analog pain scale and patient reception of improvement, including but not limited to a note of 12/06/2012 when the patient felt that he had pain improvement from Lyrica and Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lidoderm Patches between 6/27/13 and 8/31/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Lidocaine Page(s): 112.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Topical Lidocaine, page 112, states, "recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy." A review of the records provided indicates that an initial physician reviewer states that this same guideline indicates that further research is needed to recommend this treatment for chronic neuropathic pain disorders other than postherpetic neuralgia. Although this is indeed stated, the same guideline specifically refers to off-label use of this medication for diabetic neuropathy, and this same guideline also states, "Lidoderm has been designated for orphan status by the FDA for neuropathic pain." Therefore, the guideline does clearly endorse the concept of off-label use of this medication for a variety of forms of neuropathic pain. This patient is specifically diagnosed with neuropathic pain in a local peripheral nerve distribution which would be classically an indication for a Lidoderm patch, and the medical record indicates that the patient reports benefit from this medication. The request for Lidoderm Patches between 6/27/13 and 8/31/13 is medically necessary and appropriate.

Lyrica 100mg #90 between 6/27/13 and 8/31/13: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines Section on Anti-epilepsy Drugs, page 16, states regarding this class of medications, "Recommended for neuropathic pain...The choice of specific agents...will depend on the balance between effectiveness and adverse reactions." A review of the records provided indicates that a prior physician reviewer recommended provisional non certification of this medication pending specific documentation of the degree of improvement. There is no specific quantitative threshold established in the guidelines, but rather the guidelines state that this should be up to physician discretion. The medical records in this case are very detailed and in numerous cases very specifically document titration of multiple medications against the patient's perception of reported pain. This documentation is consistent with the treatment guidelines. Therefore, this treatment is medically necessary. The request for Lyrica 100mg #90 between 6/27/13 and 8/31/13 is medically necessary and appropriate.

Nucynta 100mg #120 between 6/27/13 and 8/31/13: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter..

Decision rationale: This medication is not specifically discussed in the Medical Treatment Utilization Schedule. The Official Disability Guidelines/Treatment of Workers' Compensation/Pain states regarding Nucynta, "Recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids." A review of the records provided do not clarify why this patient could not tolerate first-line opioids. Moreover, the medical records do not discuss the 4 domains of opioid monitoring which are discussed in detail in the Chronic Pain Medical Treatment Guidelines under Opioids, page 78. For these reasons, Nucynta is not supported by the guidelines. The request for Nucynta 100mg #120 between 6/27/13 and 8/31/13 is not medically necessary and appropriate.